



THE COVE SCHOOL

HALLOWEEN CARNIVAL



COSTUME & DANCE PARTY

Friday, October 20th

6:30-8:00 PM

Cove School

DJ Dancing
Photo Booth
Quiet Space

Pizza Dinner
Carnival Games
Game Prizes



Please respond on the attached permission
form & return to the front desk.





<i>Date</i>	Friday, October 20, 2017	<i>Time</i>	6:30 p.m. - 8:00 p.m.
<i>Location</i>	Elementary/Junior High Halloween Carnival Costume and Dance Party		
<i>Cost</i>	\$25.00		
<i>Pick Up</i>	at Cove at 8:00 p.m.		

PLEASE RETURN PERMISSION SLIP BY: FRIDAY, OCTOBER 15, 2017.

Student's Name:

- ☐ I would like to order gluten free pizza for my student.
- ☐ Yes, I would like to volunteer/chaperone for the Elementary/Junior High social event on Friday, October 20, 2017.

Name: _____

Email: _____

Cell phone: _____

In case of an emergency, I give permission for my child to receive medical treatment. In case of an emergency, please contact:

Name

Phone Number

Cell Number

E-Mail

We encourage students to wear costumes, please NO MASKS!

If you have signed up to Volunteer/Chaperone for this event you will receive an email 2-3 days before the event with more details. Any questions regarding this event feel free to contact Courtney Jack at courtneyjack1970@gmail.com or (312) 317-9560.

Parent/Guardian Signature: (ALSO, PLEASE TURN OVER AND SIGN BACK PAGE TOO!)

WAIVER

I understand and agree that neither The Cove School, The Cove School Parent Association, The Cove School Board, nor any of their respective employees, officers, agents, contractors or assigns, (hereinafter referred to as "Released Parties") may not be held liable or responsible in any way for any injury, death, or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this event or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this event, I hereby personally assume all risks of this event whether foreseen or unforeseen, that may befall me while I am a participant in this event.

I further release, exempt and hold harmless said Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my enrollment and participation in this event.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

I understand the terms herein are contractual and not a mere recital and that I have signed this document of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

X	X	X
Student Signature	Guardian Signature if student is under 18	Date